Image# 10931222110 09% 27/2010 10:37

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Ferson's (Office than Folitical Committees) including Quanties Nonprofit	orporations	
(a) Name of Individual, Organization or Corporation		
Defenders of Willdife Action Fund		
(b) Address (number and street)		
(c) City, State and ZIP Code		
Washington DC 20036	3. FEC Identification Number	
	C C90007907	
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No		
Individual filers only Name of Employer	Occupation	
4. TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-Hour I	Notice	
☐ July 15 Quarterly Report		
October Quarterly Report		
☐ January 31 Year-End Report		
January 31 Tear-End Neport		
(b) Is this Report an amendment? Yes X No		
5. COVERING PERIOD: FROM MON / DO O / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
THROUGH		
$\begin{bmatrix} \mathbf{M} & \mathbf{M} \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} \mathbf{D} & 3 & 0 \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} \\ 2 & 0 & 1 & 0 \end{bmatrix}$		
6. TOTAL CONTRIBUTIONS	0.00	
	007.04	
7. TOTAL INDEPENDENT EXPENDITURES	827.61	
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if i reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE	
William Lutz	09/02/2010	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.		

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

IAME OF FILER (In Full) Defenders of Willdife Action Fund	
Defenders of Williams Action Fund	
Full Name (Last, First, Middle Initial) of Payee Jessica Brand	Date
Mailing Address 1130 17th St NW	0 8 3 0 2 0 1 0 Amount
City State Zip Code Washington DC 20036	77.85
Purpose of Expenditure Category/ Salary Type	Office Sought: X House State: NM House Senate
Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE	Check One: District: 02
Calendar Year-To-Date Per Election for Office Sought 284.11	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee William Lutz	Date Date Date Date Date Date Date
Mailing Address 1130 17th St NW	Amount
CityStateZip CodeWashingtonDC20036	102.54
Purpose of Expenditure Category/ Type	Office Sought: X House State: NM House Senate District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE	President District. OE Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought 502.67	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Rodger Schlickeisen	Date M M / D D / Y Y Y Y
Mailing Address 1130 17th St NW	Amount 2 0 1 0
CityStateZip CodeWashingtonDC20036	566.82
Purpose of Expenditure Category/ Type	Office Sought: X House State: NM House Senate
Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE	Check One: Contaile
Calendar Year-To-Date Per Election for Office Sought 566.82	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	827.61
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	827.61